## DECLARATION, POWER OF ATTORNEY, AND PETITION

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint

**MEDICAL INSTRUMENT** 

inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the

My residence, post office address and citizenship are as stated below next to my name.

As a below named inventor, 1 hereby declare that:

invention entitled:

Attorney Docket No.: HOE-799

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the specification	of which is:		
[ X ] attached [ ] was filed of International		as United States Application Number	or PCT of applicable).
	y state that I have re led by any amendme	viewed and understand the contents of the all nt referred to above.	bove identified specification, including the
I acknot patentability of the	owledge the duty to chis application in acc	lisclose to the U.S. Patent and Trademark Octordance with Title 37, Code of Federal Reg	ffice all information known to be material to the ulations, §1.56.
application(s) for country other that	r patent or inventor's in the United States	of America, listed below and have also ident	ode, §119(a)-(d) or 365(b) of any foreign al application which designated at least one ified below any foreign application for patent or before that of the application on which priority
101 38 393.2	Germany	AUGUST / 04 / 2001	Priority Claimed
(Number)	(Country)	Month/Day/Year Filed	[X] [] Yes No
(Number)	(Country)	Month/Day/Year Filed	[ ] [ ] Yes No
I hereb listed below.	y claim the benefit u	nder Title 35, United States Code, §119(e) o	of any United States provisional application(s)
(Application Nur	mber)	(Filing Date)	
application desig application is no paragraph of 35	mating the United St t disclosed in the pri- U.S.C. 112, I acknow hich became availab		h is material to patentability as defined in
U.S. Parent Application or PCT Parent Number PCT/EP02/07614		Parent Filing Date (MM/DD/YYYY) JULY / 09 / 2002	Parent Patent Number (if applicable)

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

The undersigned hereby authorizes the U.S. attorneys named herein to accept and follow instructions from Hoeger, Stellrecht & Partners, Uhlandstr 14 c, D-70182, Stuttgart, Germany, as to any action to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. attorneys and the undersigned. In the event of a change of the persons from whom instructions may be taken, the U.S. attorneys named herein will be so notified by the undersigned.

And I hereby appoint: Barry R. Lipsitz, Registration No. 28,637 and Douglas M. McAllister, Registration No. 37,886, all of the firm of Barry R. Lipsitz, Attorney at Law, 755 Main Street, Bldg. 8, Monroe, Connecticut 06468, Telephone (203) 459-0200, my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Wherefore I pray that Letters Patent be granted to me for the invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification and claims, declaration, power of attorney, and this petition.

	ventor: Manfred DW			
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## DECLARATION, POWER OF ATTORNEY, AND PETITION

Attorney Docket No.: HOE-799 Page \_ 3\_\_ of \_\_3\_\_ Full name of third inventor: Pedro MORALES Inventor's Signature Tuttlingen-Nendingen Germany Residence Citizenship: (City) (State or Foreign Country) Fronhofstrasse 26 78532 Tuttlingen-Nendingen Post Office Address (Post Office Address) (City) (State & Zip Code/Country) Full name of fourth inventor: Dieter WEISSHAUP Date: 04-01-15 Inventor's Signature **Immendingen** Germany German Residence Citizenship: (City) (State or Foreign Country) **Bachzimmerer Oesch 10** 78194 Immendingen Germany Post Office Address (Post Office Address) (City) (State & Zip Code/Country)